



2012 CPT®/HCPCS Codes Update

Presented by: TMA UBO Program Office Contract Support Team

Dates and Times:

10 Jan 2012 @ 0800 - 0900 EST

From your computer or Web-enabled mobile device **log into:**

12 Jan 2012 @ 1400 - 1500 EST

<http://altarum.adobeconnect.com/ubo>. Enter as a guest, then enter your name plus your Service affiliation (e.g., Army, Navy, Air Force) for your Service to receive credit.

Instructions for CEU credit are at the end of this presentation.

*[Note: The TMA UBO Program Office is **not** responsible for and does not reimburse any airtime, data, roaming or other charges for mobile, wireless and any other internet connections and use.]*

Listen to the Webinar by audio stream through your computer or Web-enabled mobile device . To do so, it must have a sound card and speakers. Make sure the volume is up (click “start”, “control panel”, “sounds and audio devices” and move the volume to “high”) and that the “mute” check box is not marked on your volume/horn icon. IF YOU DO NOT HAVE A SOUND CARD OR SPEAKERS OR HAVE ANY TECHNICAL PROBLEMS BEFORE OR DURING THE WEBINAR, PLEASE CONTACT US AT WEBMEETING@ALTARUM.ORG so we may assist and set you up with audio. You may submit a question or request technical assistance at anytime by typing it into the “Question” field on the left and clicking “Send.”

- Understand updated and new CPT® & HCPCS Codes effective 1 Jan 2012
- Identify new CPT® & HCPCS modifiers effective 1 Jan 2012
- Share this knowledge with others in your MTF

- Over 500 code changes (*source: AMA 2012 CPT® Professional Edition book; Ingenix 2012 HCPCS Procedure book*)
- Minor additions to the Evaluation and Management Service Guidelines
- New Instructions to clarify billing when critically ill neonate or pediatric patient is transferred to lower-level care
- Modifier use updates
- Category I Changes
 - 200 New Codes
 - 180 Deleted Codes
 - More than 130 revisions
- Category III Codes
 - Over 30 new Category III



CPT® Symbols for 2012 Changes

- New Code
- ▲ Revised Code
- # Out-of Numerical Sequence Code (resequenced code)
- + Add-on Code

- Critically ill neonate or pediatric patient to lower-level of care
 - CPT® specifies “the transferring physician does not report a per day critical care service”
 - CPT ® 99231-99233 (subsequent hospital care)
 - 99291-99293 (critical care) is reported.
 - The receiving physician report
 - “subsequent intensive care” (99478-99480)
 - “subsequent hospital care” (99231-99233), as appropriate based upon the condition of the neonate or child
- Intensive care neonate (99477) to a lower-level care
 - Transferring physician should report subsequent hospital care (99231-99233)
 - Neonate or infant must be transferred to critical care on day of initial or subsequent intensive care services
 - Transferring physician will report either critical care (99291-99292)
 - Intensive care (99477)
 - The receiving physician may report subsequent inpatient neonatal or pediatric critical care (99469 or 99472)

2011 CPT® Description

99218 – Initial observation care, per day, (usually, the problem(s) requiring admission of low severity)

99219 – Initial observation care, per day, (usually, the problem(s) requiring admission of moderate severity)

99220 – Initial observation care, per day, (usually, the problem(s) requiring admission of high severity)

2012 CPT® Description

▲ **99218** – Initial observation care, per day, (usually, the problem(s) requiring admission of low severity) Physician spends 30 min at the bedside and on the patient's hospital floor or unit

▲ **99219** – Initial observation care, per day, (usually, the problem(s) requiring admission of low severity) Physician spends 50 min at the bedside and on the patient's hospital floor or unit

▲ **99220** – Initial observation care, per day, (usually, the problem(s) requiring admission of high severity) Physician spends 70 min at the bedside and on the patient's hospital floor or unit

2011 CPT® Description	2012 CPT® Description
99354 – Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour	▲ +99354 – Prolonged service in the office or the outpatient setting requiring direct patient contact beyond the usual service; first hour
99355 – each additional 30 minutes	▲ +99355 – each additional 30 minutes
99356 – Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service: first hour	▲ +99356 – Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour
99357 – each additional 30 minutes	▲ +99357 – each additional 30 minutes

2011 CPT® Description

99358 – Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; first hour

99359 – each additional 30 minutes

2012 CPT® Description

▲ **99358** – Prolonged evaluation and management service before and/or after direct patient care; first hour

▲ **+99359** – each additional 30 minutes



Total duration of Prolonged Services	Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes (30 min - 1 hr 14 min)	99354 X 1
75-104 minutes (1 hr 15 min - 1 hr 44 min)	99354 X 1 & 99355 X 1
105 minutes or more (1hr 45 min or more)	99354 X 1 & 99355 X 2 or more for each add 30 min

2011 CPT® Descriptions

- 15300 - Deleted
- 15301 - Deleted
- 15320 - Deleted
- 15321 - Deleted
- 15330 - Deleted
- 15331 - Deleted
- 15335 - Deleted
- 15336 - Deleted
- 15340 - Deleted
- 15341 - Deleted
- 15360 - Deleted
- 15361 - Deleted
- 15365 - Deleted
- 15366 - Deleted

2012 CPT® Descriptions

- **15271** - Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- **+15272** - each additional 25 sq cm wound surface area, or part thereof
- **15273** - Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

2011 CPT® Descriptions

- 15400 - Deleted
- 15401 - Deleted
- 15420 - Deleted
- 15421 - Deleted
- 15430 - Deleted
- 15431 - Deleted

2012 CPT® Descriptions

- **+15274** - each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof
- **15275** - Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface
- **+15276** - each additional 25 sq cm wound surface area, or part thereof

2011 CPT® Descriptions

2012 CPT® Descriptions

- **15277** – Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- **+15278** – each additional 10 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof

- +15777 – Implantation of biologic implant (e.g., Acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)

2011 CPT® Description	2012 CPT® Description
	● 20527 – Injection, enzyme (e.g., Collagenase), palmar fascial cord (i.e., Dupuytren’s contracture)
22520 – Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic	▲ 22520 – Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
22521 – lumbar	▲ 22521 – lumbar
+22522 – each additional thoracic or lumbar vertebral body	▲ +22522 – each additional thoracic or lumbar vertebral body
22610 – Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	▲ 22610 – Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)

2011 CPT® Description	2012 CPT® Description
22612 – lumbar (with or without lateral transverse technique)	<p>▲ 22612 – lumbar (with lateral transverse technique, when performed)</p> <p>● 22633 – Arthrodesis, combined posterior or posterolateral techniques with posterior interbody technique including laminectomy and/or disectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar</p> <p>● +22634 – each additional interspace and segment</p> <p>● 26341 – Manipulation, palmar fascial cord (i.e., Dupuytren's cord), post enzyme injection (e.g., collagenase), single cord</p>

2011 CPT® Description	2012 CPT® Description
29581 – Application of multi-layer venous wound compression system, below knee	<p>▲ 29581 – Application of multi-layer compression system; leg (below knee), including ankle and foot</p> <p>● 29582 – thigh and leg, including ankle and foot, when performed</p> <p>● 29583 – upper arm and forearm</p> <p>● 29584 – upper arm, forearm, hand and fingers</p>

2011 CPT® Description

29880 – Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)

29881 – with meniscectomy (medial OR lateral, including any meniscal shaving)

2012 CPT® Description

▲ **29880** – Arthroscopy, knee surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

▲ **29881** – with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

2011 CPT® Description	2012 CPT® Description
32095 – Deleted to report use new codes listed	
	<ul style="list-style-type: none"> ● 32096 – Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral
	<ul style="list-style-type: none"> ● 32097 – Thoractomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral
	<ul style="list-style-type: none"> ● 32098 – Thoracotomy, with biopsy(ies) of pleura

2011 CPT® Description	2012 CPT® Description
32100 – Thoracotomy, major; with exploration and biopsy	▲ 32100 – Thoracotomy, with exploration
32110 – with control of traumatic hemorrhage and/or repair of lung tear	▲ 32110 – with control of traumatic hemorrhage and/or repair of lung
32120 – for postoperative complications	▲ 32120 – for postoperative complications
32124 – with open intrapleural pneumonolysis	▲ 32124 – with open intrapleural pneumonolysis
32140 – with cyst(s) removal, with or without a pleural procedure	▲ 32140 – with cyst(s) removal, includes pleural procedure when performed
32141 – with excision-plication of bullae, with or without any pleural procedure	▲ 32141 – with resection-plication of bullae, includes any pleural procedure
32150 – with removal of intrapleural foreign body or fibrin deposit	▲ 32150 – with removal of intrapleural foreign body or fibrin deposit

2011 CPT® Description	2012 CPT® Description
32151 – with removal of intrapulmonary foreign body	▲ 32151 – with removal in intrapulmonary foreign body
32160 – with cardiac massage	▲ 32160 – with cardiac massage
32405 – Biopsy, lung or mediastinum, percutaneous needle	▲ 32405 – Biopsy, lung or mediastinum, percutaneous needle
32440 – Removal of lung, total pneumonectomy	▲ 32440 – Removal of lung, pneumonectomy
32442 – with resection of segment of trachea followed by bronch-tracheal anastomosis (sleeve pneumonectomy)	▲ 32442 – with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445 – extrapleural	▲ 32445 – extrapleural

2011 CPT® Description	2012 CPT® Description
32480 – Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	▲ 32480 – Removal of lung, other than pneumonectomy, single lobe (lobectomy)
32482 – 2 lobes (bilobectomy)	▲ 32482 – 2 lobes (bilobectomy)
32484 – single segment (segmentectomy)	▲ 32484 – single segment (segmentectomy)
32486 – with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	▲ 32486 – with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488 – with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	▲ 32488 – with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

2011 CPT® Description

32491 – excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure, when performed

32500 – Deleted must use newly added codes

2012 CPT® Description

▲ **32491** – with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed

● **32505** – Thoracotomy; with therapeutic wedge resection (e.g., mass, nodule), initial

● **+32506** – with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral

● **+32507** – with diagnostic wedge resection followed by anatomic lung resection

2011 CPT® Description	2012 CPT® Description
32601 –Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy	▲ 32601 – Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
	● 32607 – Thoracoscopy, with diagnostic biopsy(sies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral
	● 32608 – with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral
	● 32609 – with biopsy(ies) of pleura

2011 CPT® Description	2012 CPT® Description
32655 – Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	▲ 32655 – Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed
32663 – with lobectomy, total or segmental	▲ 32663 – with lobectomy (single lobe)
	● 32666 – with therapeutic wedge resection (e.g., mass, nodule), unilateral
	● +32667 – with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral
	● +32668 – with diagnostic wedge resection followed by anatomic lung resection

2011 CPT® Description	2012 CPT® Description
	● 32669 – with removal of a single lung segment (segmentectomy)
	● 32670 – with removal of two lobes (bilobectomy)
	● 32671 – with removal of lung (pneumonectomy)
	● 32672 – with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed
	● 32673 – with resection of thymus, unilateral or bilateral
	● +32674 – with mediastinal and regional lymphadenectomy

2011 CPT® Description	2012 CPT® Description
33050 – Excision of pericardial cyst or tumor	▲ 33050 – Resection of Pericardial Cyst or Tumor
33206 – Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	▲ 33206 – Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207 – ventricular	▲ 33207 – ventricular
33208 – atrial and ventricular	▲ 33208 – atrial and ventricular
33212 – Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	▲ 33212 – Insertion of pacemaker pulse generator only; with existing single lead
33213 – dual chamber	▲ 33213 – with existing dual leads
	● 33221 – with existing multiple leads

2011 CPT® Description

33218 – Repair of single transvenous electrode, for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator

33220 – Repair of 2 transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator

33224 – Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)

2012 CPT® Description

▲ **33218** – Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator

▲ **33220** – Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator

▲ **33224** – Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)

2011 CPT® Description

+33225 – Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system)

33226 – Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)

2012 CPT® Description

▲ **+33225** – Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision)

▲ **33226** – Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)

2011 CPT® Description	2012 CPT® Description
33233 – Removal of permanent pacemaker pulse generator	<p>▲ 33233 – Removal of permanent pacemaker pulse generator only</p> <p>● #33227 – Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system</p> <p>● #33228 – dual lead system</p> <p>● #33229 – multiple lead system</p>
33240 – Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	<p>▲ 33240 – Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead</p> <p>● #33230 – with existing dual leads</p> <p>● #33231 – with existing multiple leads</p>
33241 – Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator	<p>▲ 33241 – Removal of pacing cardioverter-defibrillator pulse generator only</p>

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● #33262 – Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
	<ul style="list-style-type: none"> ● #33263 – dual lead system
	<ul style="list-style-type: none"> ● #33264 – multiple lead system
33249 – Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	<ul style="list-style-type: none"> ▲ 33249 – Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

2011 CPT® Description

33960 – Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours

33961 – each additional 24 hours

2012 CPT® Description

▲ **33960** – Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day

▲ **33961** – each subsequent day

2011 CPT® Description	2012 CPT® Description
36200 – Introduction of catheter, aorta	▲ 36200 – Introduction of catheter, aorta
36245 – selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	▲ 36245 – selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246 – initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	▲ 36246 – initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247 – initial third order or more selective abdominal, pelvis, or lower extremity artery branch, within vascular family	▲ 36247 – initial third order or more selective abdominal, pelvis, or lower extremity artery branch, within vascular family
+36248 – additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family	▲ +36248 – additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family

2011 CPT® Description

2012 CPT® Description

- **36251** – Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
- **33252** – bilateral

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 36253 – Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
	<ul style="list-style-type: none"> ● 36254 – bilateral

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 37191 – Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluroscopy), when performed
	<ul style="list-style-type: none"> ● 37192 – Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluroscopy), when performed
	<ul style="list-style-type: none"> ● 37193 – Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural



Cardiovascular System

2011 CPT® Description

2012 CPT® Description

- **37619** – Ligation of inferior vena cava

2011 CPT® Description	2012 CPT® Description
38230 – Bone marrow harvesting for transplantation	▲ 38230 – Bone marrow harvesting for transplantation; allogenic
	● 38232 – autologous
+38746 – Thoracic lymphadenectomy regional including mediastinal and peritracheal nodes	▲ +38746 – Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy
38792 – for identification of sentinel node	▲ 38792 – radioactive trace for identification of sentinel node

2011 CPT® Description	2012 CPT® Description
39200 – Excision of mediastinal cyst	▲ 39200 – Resection of mediastinal cyst
39220 – Excision of mediastinal tumor	▲ 39220 – Resection of mediastinal tumor
39400 – Mediastinoscopy, with or without biopsy	▲ 39400 – Mediastinoscopy, include biopsy(ies), when performed

2011 CPT® Description	2012 CPT® Description
47000 – Biopsy of liver, needle; percutaneous	▲ 47000 – Biopsy of liver, needle; percutaneous
	● 49082 – Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
	● 49083 – with imaging guidance
	● 49084 – Peritoneal lavage, including imaging guidance, when performed

2011 CPT® Description

62287 – Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)

2012 CPT® Description

▲ **62287** – Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluroscopic imaging or other form of indirect visualization, with the use of endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

2011 CPT® Description	2012 CPT® Description
62310 – Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	▲ 62310 – Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62311 – lumbar or sacral (caudal)	▲ 62311 – lumbar or sacral (caudal)
62318 – Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	▲ 62318 – Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
▲ 62319 – lumbar or sacral (caudal)	▲ 62319 – lumbar or sacral (caudal)

2011 CPT® Description	2012 CPT® Description
<p>62367 – Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming</p>	<p>▲ 62367 – Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill</p>
	<p>● 62369 – with reprogramming and refill</p>
	<p>● 62370 – with reprogramming and refill (requiring physician's skill)</p>

2011 CPT® Description	2012 CPT® Description
64553 – Percutaneous implantation of neurostimulator electrodes; cranial nerve	▲ 64553 – Percutaneous implantation of neurostimulator electrode array; cranial nerve
64555 – peripheral nerve (excludes sacral nerve)	▲ 64555 – peripheral nerve (excludes sacral nerve)
64560 – has been deleted	
64561 – sacral nerve (transforaminal placement)	▲ 64561 – sacral nerve (transforaminal placement)
64565 – neuromuscular	▲ 64565 – neuromuscular
64575 – Incision for implantation of neurostimulator electrodes; peripheral nerve (exclude sacra; nerve)	▲ 64575 – Incision for implantation of neurostimulator electrode array; peripheral nerve (exclude sacra; nerve)
64580 – neuromuscular	▲ 64580 – neuromuscular
64581 – sacral nerve (transforaminal placement)	▲ 64581 – sacral nerve (transforaminal placement)
64585 – Revision or removal of peripheral neurostimulator electrodes	▲ 64585 – Revision or removal of peripheral neurostimulator electrode array

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● #64633 – Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
	<ul style="list-style-type: none"> ● #+64634 – cervical or thoracic, each additional facet joint
	<ul style="list-style-type: none"> ● #64635 – lumbar or sacral, single facet joint
	<ul style="list-style-type: none"> ● #+64636 – lumbar or sacral, each additional facet joint

Diagnostic Radiology (Diagnostic Imaging)

2011 CPT® Description	2012 CPT® Description
75962 – Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	▲ 75962 – Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
+75964 – Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	▲ +75964 – Transluminal balloon angioplasty, each additional peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation

2011 CPT® Description	2012 CPT® Description
	● #77424 - Intraoperative radiation treatment delivery, x-ray, single treatment session
	● #77425 - Intraoperative radiation treatment delivery, electrons, single treatment session
	● 77469 - Interoperative radiation treatment management
77470 - Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperativ cone irradiation)	▲ 77470 - Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81200 – ASPA (aspartoacylase) (e.g., Canavan disease) gene analysis, common variants (e.g., E285A, Y231A)
	<ul style="list-style-type: none"> ● 81205 – BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
	<ul style="list-style-type: none"> ● 81206 – BCR/ABL1 (t(9,22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
	<ul style="list-style-type: none"> ● 81207 – minor breakpoint, qualitative or quantitative
	<ul style="list-style-type: none"> ● 81208 – other breakpoint, qualitative or quantitative
	<ul style="list-style-type: none"> ● 81209 – BLM (Bloom Syndrome, RecQ helicase-like) (e.g., Bloom syndrome) gene analysis, 2281del6ins7 variant

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81210 – BRAF (v-raf murine sarcoma viral oncogene homolog B1) (e.g., colon cancer) gene analysis, V600E variant
	<ul style="list-style-type: none"> ● 81211 – BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
	<ul style="list-style-type: none"> ● 81212 – 185delAG, 5385insC, 6174delT variants
	<ul style="list-style-type: none"> ● 81213 – uncommon duplication/deletion variants
	<ul style="list-style-type: none"> ● 81214 – BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon



Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	● 81215 - known familial variant
	● 81216 - BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis, full sequence analysis
	● 81217 - known familial variant
	● 81220 - CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis, common variants (e.g., ACMG/ACOG guidelines)
	● 81221 - known familial variant
	● 81222 - duplication/deletion variants
	● 81223 - full gene sequence
	● 81224 - intron 8 poly-T analysis (e.g., male infertility)
	● 81225 - CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *8,

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81226 - CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6)
	<ul style="list-style-type: none"> ● 81227 - CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9)
	<ul style="list-style-type: none"> ● 81228 - Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (e.g., Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis
	<ul style="list-style-type: none"> ● 81229 - interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
	<ul style="list-style-type: none"> ● 81240 - F2 (prothrombin, coagulation factor II) (e.g., hereditary hypercoagulability) gene analysis, 20210G>A variant

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81241 – F5 (coagulation Factor V) (e.g., hereditary hypercoagulability) gene analysis, Leiden variant
	<ul style="list-style-type: none"> ● 81242 – FANCC (fanconi anemia, complementation group C) (e.g., Fanconi anemia, typs C) gene analysis, common variant (e.g., IVS4+4A>T)
	<ul style="list-style-type: none"> ● 81243 – FMR1 (Fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
	<ul style="list-style-type: none"> ● 81244 – characterization of alleles (e.g., expanded size and methylation status)
	<ul style="list-style-type: none"> ● 81245 – FLT3 (fms-related tyrosine kinase) gene analysis, internal tandem duplication (ITD) variants
	<ul style="list-style-type: none"> ● 81250 – G6PC (glucose-6-phosphatase, catalytic subunit), gene analysis, common variants

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	● 81251 – GBA (glucosidase, beta, acid) gene analysis, common variants
	● 81255 – HEXA (hecosaminidase A[alpha polypeptide]) gene analysis, common variants
	● 81256 – HFE (hemochromatosis) gene analysis, common variants
	● 81257 – HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis, for common deletions or variant
	● 81260 – IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) gene analysis, common variants
	● 81261 – IGH (Immunoglobulin heavy chain locus) gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology
	● 81262 – direct probe methodology (e.g., Southern blot)

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81263 - IGH@(Immunoglobulin heavy chain locus) variable region somatic mutation analysis
	<ul style="list-style-type: none"> ● 81264 - IGK@(Immunoglobulin kappa light chain locus) gene rearrangement analysis, evaluation to detect abnormal clonal population
	<ul style="list-style-type: none"> ● 81265 - Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen
	<ul style="list-style-type: none"> ● +81266 - each additional specimen
	<ul style="list-style-type: none"> ● 81267 - Chimerism (engraftment) analysis, post transplantation specimen, includes comparison to previously performed baseline analyses; without cell selection
	<ul style="list-style-type: none"> ● 81268 - with cell selection, each cell type
	<ul style="list-style-type: none"> ● 81270 - JAK2 (Janus kinase 2 gene analysis, pVal617Phe (V617F) variant

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81275 - KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) gene analysis, variants in codons 12 and 13
	<ul style="list-style-type: none"> ● 81280 - Long QT syndrome gene analyses; full sequence analysis
	<ul style="list-style-type: none"> ● 81281 - known familial sequence variant
	<ul style="list-style-type: none"> ● 81282 - duplication/deletion variants
	<ul style="list-style-type: none"> ● 81290 - MCOLN1 (mucolipin 1) gene analysis, common variants
	<ul style="list-style-type: none"> ● 81291 - MTHFR (5, 10-methylebetetrahydrofolate reductase) gene analysis, common variants
	<ul style="list-style-type: none"> ● 81292 - MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) gene analysis; full sequence analysis
	<ul style="list-style-type: none"> ● 81293 - known familial variants
	<ul style="list-style-type: none"> ● 81294 - duplication/deletion variants

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81295 - MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) gene analysis; full sequence analysis
	<ul style="list-style-type: none"> ● 81296 - known familial variants
	<ul style="list-style-type: none"> ● 81297 - duplication/deletion variants
	<ul style="list-style-type: none"> ● 81298 - MSH6 (mutS homolog 6 [E coli]) gene analysis; full sequence analysis
	<ul style="list-style-type: none"> ● 81299 - known familial variants
	<ul style="list-style-type: none"> ● 81300 - duplication/deletion variants
	<ul style="list-style-type: none"> ● 81301 - Microsatellite instability analysis of markers for mismatch repair deficiency, includes comparison of neoplastic and normal tissue, if performed
	<ul style="list-style-type: none"> ● 81302 - MECP2 (methyl CpG binding protein) gene analysis; full sequence analysis
	<ul style="list-style-type: none"> ● 81303 - known familial variant
	<ul style="list-style-type: none"> ● 81304 - duplication/deletion variants

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	● 81310 - NPM1 (nucleophosmin) gene analysis, exon 12 variants
	● 81315 - PML/RaRalpha, (t(15;17)), translocation analysis; common breakpoints, qualitative or quantitative
	● 81316 - single breakpoint, qualitative or quantitative
	● 81317 - PMS2 (postmeiotic segregation increased 2 [S cerevisiae]) gene analysis; full sequence analysis
	● 81318 - known familial variants
	● 81319 - duplication/deletion variants
	● 81330 - SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) gene analysis, common variants
	● 81331 - SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A), methylation analysis

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81332 - SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1), gene analysis, common variants
	<ul style="list-style-type: none"> ● 81340 - TRB@ (T cell antigen receptor, beta), gene); using amplification methorearrangement analysis to detect abnormal clonal population(sdology
	<ul style="list-style-type: none"> ● 81341 - using direct probe methodology
	<ul style="list-style-type: none"> ● 81342 - TRG@ (T cell antigen receptor gamma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
	<ul style="list-style-type: none"> ● 81350 - UGT1A1 (UDP glucuronosyltransferase 1 family polypeptide A1), gene analysis, common variants
	<ul style="list-style-type: none"> ● 81355 - VKORC1 (vitamin K epoxide reductase complex, subunit 1), gene

Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 81370 – HLA Class I and II typing, low resolution; HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
	<ul style="list-style-type: none"> ● 81371 – HLA-A, -B, and -DRB1/3/4/5
	<ul style="list-style-type: none"> ● 81372 – HLA Class I typing, low resolution; complete
	<ul style="list-style-type: none"> ● 81373 – one locus, each
	<ul style="list-style-type: none"> ● 81374 – one antigen equivalent, each
	<ul style="list-style-type: none"> ● 81375 – HLA Class II typing, low resolution; HLA-DRB1/3/4/5 and DQB1
	<ul style="list-style-type: none"> ● 81376 – one locus, each
	<ul style="list-style-type: none"> ● 81377 – one antigen equivalent, each
	<ul style="list-style-type: none"> ● 81378 – HLA Class I and II typing, high resolution, HLA-A, -B, -C, and -DRB1
	<ul style="list-style-type: none"> ● 81379 – HLA Class I typing, high resolution; complete



Pathology & Laboratory/Tier 1 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	● 81380 – one locus, each
	● 81381 – one allele or allele group, each
	● 81382 – HLA Class II typing, high resolution; one locus, each
	● 81383 – one allele or allele group, each

Pathology & Laboratory/Tier 2 Molecular Pathology

2011 CPT® Description	2012 CPT® Description
	● 81400 – Molecular pathology procedure, Level 1
	● 81401 – Molecular pathology procedure, Level 2
	● 81402 – Molecular pathology procedure, Level 3
	● 81403 – Molecular pathology procedure, Level 4
	● 81404 – Molecular pathology procedure, Level 5
	● 81405 – Molecular pathology procedure, Level 6
	● 81406 – Molecular pathology procedure, Level 7
	● 81407 – Molecular pathology procedure, Level 8
	● 81408 – Molecular pathology procedure, Level 9



Pathology & Laboratory/Immunology

2011 CPT® Description	2012 CPT® Description
	● 86386 – Nuclear Matrix Protein 22 (NMP22), qualitative
86703 – HIV-1 and HIV-2, single assay	▲ 86703 – HIV-1 and HIV-2, single result



Pathology & Laboratory/Microbiology

2011 CPT® Description

2012 CPT® Description

- **87389** – HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies single result

2011 CPT® Description	2012 CPT® Description
88312 – Special stains; Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), ; including interpretation and report, each	▲ 88312 – Special stain including interpretation and report; Group I for microorganisms (e.g., acid fast, methenamine silver)
88313 – Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report	▲ 88313 – Group II, all other, except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
+88314 – histochemical staining with frozen section(s), including interpretation and report	▲ +88314 – histochemical stain on frozen tissue block
88319 – Determinative histochemistry to identify enzyme constituents, each	▲ 88319 – Group III, for enzyme constituents

2011 CPT® Description	2012 CPT® Description
90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/ toxoid component	▲ 90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461 – each additional vaccine/toxoid component	▲ 90461 – each additional vaccine or toxoid component administered
90581 – Anthrax vaccine, for subcutaneous use	▲ 90581 – Anthrax vaccine, for subcutaneous or intramuscular use
90644 – Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use	▲ 90644 – Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
	● 90654 – Influenza virus vaccine, split virus, preservative-free, for intradermal use

2011 CPT® Description	2012 CPT® Description
90867 – Therapeutic repetitive transcranial magnetic stimulation treatment; planning	▲ 90867 – Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868 – delivery and management, per session	▲ 90868 – subsequent delivery and management, per session
	● 90869 – subsequent motor threshold re-determination with delivery and management

2011 CPT® Description	2012 CPT® Description
91010 – Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; 2-dimensional data	▲ 91010 – Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
+91013 – with stimulation or perfusion during 2-dimensional data study (e.g., stimulant, acid or alkali perfusion)	▲ +91013 – with stimulation or perfusion (e.g., stimulant, acid or alkali perfusion)

2011 CPT® Description

2012 CPT® Description

- **92071** – Fitting of contact lens for treatment of ocular surface disease
- **92072** – Fitting of contact lens for management of keratoconus, initial fitting

2011 CPT® Description	2012 CPT® Description
	● #92558 - Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
92587 - Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	▲ 92587 - Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588 - comprehensive diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	▲ 92588 - comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92605 - Evaluation for prescription of non-speech-generating augmentative and alternative communication device	▲ 92605 - Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
	● #+92618 - each additional 30 minutes
+92621 - each additional 15 minutes	▲ +92621 - each additional 15 minutes

2011 CPT® Description

93561 – Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

93562 – subsequent measurement of cardiac output

2012 CPT® Description

▲ **93561** – Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

▲ **93562** – subsequent measurement of cardiac output

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● 93998 - Unlisted noninvasive vascular diagnostic study
	<ul style="list-style-type: none"> ● 94726 - Plethysmography for determination of lung volumes and, when performed, airway resistance
	<ul style="list-style-type: none"> ● 94727 - Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
	<ul style="list-style-type: none"> ● 94728 - Airway resistance by impulse oscillometry
	<ul style="list-style-type: none"> ● +94729 - Diffusing capacity (e.g., carbon monoxide, membrane)
	<ul style="list-style-type: none"> ● 94780 - Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
	<ul style="list-style-type: none"> ● +94781 - each additional full 30 minutes

Medicine/Neurology and Neuromuscular Procedures

2011 CPT® Description	2012 CPT® Description
	<ul style="list-style-type: none"> ● #+95885 – Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited
	<ul style="list-style-type: none"> ● #+95886 – complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels
	<ul style="list-style-type: none"> ● #+95887 – Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study
	<ul style="list-style-type: none"> ● #95938 – Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
	<ul style="list-style-type: none"> ● #95939 – Central motor evoked potential study (transcranial motor

Medicine/Neurology and Neuromuscular Procedures

2011 CPT® Description	2012 CPT® Description
95970 – Electronic analysis of implanted pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	▲ 95970 – Electronic analysis of implanted neurostimulator pulse generator system; simple complex brain, spinal cord, or peripheral neurostimulator pulse generator/transmitter, without reprogramming
95971 – simple spinal cord, or peripheral (i.e., peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	▲ 95971 – simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972 – complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	▲ 95972 – complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Medicine/Neurology and Neuromuscular Procedures

2011 CPT® Description	2012 CPT® Description
+95973 – complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, ea add 30 min after first hour	▲ +95973 – complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, ea add 30 min after first hour
95974 – complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	▲ 95974 – complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
+95975 – complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, ea add 30 min after first hour	▲ +95975 – complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, ea add 30 min after first hour

Medicine/Central Nervous System Assessments/Tests

2011 CPT® Description	2012 CPT® Description
95990 – Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular),	▲ 95990 – Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;
95991 – administered by physician	▲ 95991 – requiring physician’s skill
96110 – Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	▲ 96110 – Developmental screening, with interpretation and report, per standardized instrument form
96111 – extended (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	▲ 96111 – Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report



Medicine/Hydration, Therapeutic, Prophylactic, Diagnostic Injections, Infusions, and

2011 CPT® Description

+96367 – additional sequential infusion,
up to 1 hour

2012 CPT® Description

▲ **+96367** – additional sequential
infusion of a new drug/substance, up to
1 hour

- Over 30 new Category III codes have been added to CPT® 2012
 - including those for intramuscular autologous bone marrow cell therapy (0263T- 0265T)
 - percutaneous laminotomy/laminectomy (0274T, 0275T)
 - Corneal incision (0289T, 0290T)
 - Bronchoscopy (0276T, 0277T)
- Category III codes describe emerging technologies and, unlike Category I unlisted procedure codes, allow for tracking and collection of specific data
- If a Category III code is available, it must be reported instead of a Category I unlisted procedure code

- Medical and Surgical Supplies – 5 New Codes added
- Outpatient PPS – 8 New Codes, 1 Revised Code and 16 Deleted Codes
- Durable Medical Equipment – 16 New Codes
- Procedures/Professional Services (Temporary) – 235 New Codes, 38 Revised Codes and 33 Deleted Codes
- Drugs Administered other than Oral Method – 21 New Codes, 3 Revised Codes and 2 Deleted Codes
- K Codes Temporary – 6 New Codes
- Orthotic Procedures – 3 New Codes, 5 Revised Codes and 14 Deleted Codes
- Q Codes (Temporary) – 11 New Codes, 3 Revised Codes and 6 Deleted Codes
- Temporary National Codes (S) – 4 New Codes, 1 Revised Code and 7 Deleted Codes

- **-33 Preventive Services:** When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. **For separately reported services specifically identified as preventive, the modifier should be used.**
 - Abdominal aortic aneurysm
 - Alcohol misuse counseling
 - Aspirin to prevent CVD Men 45-79 (Women 55-79)
 - Cervical Cancer Screening
 - Cholesterol abnormalities screening: men 35 and older

- **-92** Alternative Laboratory Platform Testing: When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701 – 86703, and 87389)
 - The test does not require permanent dedicated space
 - The kit can be hand carried or transported to the vicinity of the patient for immediate testing at that site

- **-PD** Diagnostic or related nondiagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days

- Questions?

- This live Webinar broadcast has been approved by the American Academy of Professional Coders (AAPC) for 1.0 CEU credit. Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit, but to receive it participants must login with their: 1) full name; 2) Service affiliation; and 3) e-mail address prior to the broadcast. They must also listen to the entire Webinar broadcast. At the completion of the broadcast and after attendance records have been verified, a Certificate of Approval with Index Number will be sent via e-mail only to participants who logged in as required. Participants who cannot login and require a dial in number to listen to the Webinar must send an e-mail to UBO.LearningCenter@altarum.org within 15 minutes of the conclusion of the Webinar requesting CEU credit.
- Participants may also view and listen to the archived version of this Webinar—which will be posted to the UBO Learning Center shortly after the live broadcast—for one (1.0) AAPC approved CEU credit. To receive this credit, after viewing the archived Webinar, they must complete a ten (10) question minimum post-test that will be available on the UBO Learning Center and submit their answers via e-mail to UBO.helpdesk@altarum.org. If at least 70% of the post-test is answered correctly, participants will receive via e-mail a Certificate of Approval and Index Number.
- Participants may not alter the original Certificate of Approval. CEU certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC. For additional information or questions, please contact the AAPC concerning CEUs and its policy.



Other Organizations Accepting AAPC CEUs

- Participants certified with the American Health Information Management Association (AHIMA) may self-report AAPC CEUs for credit at <https://secure.ahima.org/certification/ce/cereporting/>.
- The American College of Healthcare Executives (ACHE) grants one (1.0) Category II ACHE educational credit hour per one (1.0) hour executive/management-level training course or seminar sponsored by other organizations toward advancement or recertification. Participants may self-report CEUs on their personal page at <http://www.ache.org/APPS/recertification.cfm>.
- The American Association of Healthcare Administrative Managers (AAHAM) grants one (1.0) CEU unit “for each hour in attendance at an educational program or class related to the health care field” for AAHAM-credentialed participants who self-report using AAHAM’s on-line CEU tool. Participants may self-report CEUs during their recertification process at: <http://www.aaham.org/Certification/ReCertification/tabid/76/Default.aspx>.